

(Sample) Application Center Certification Letter

MM/DD/YYYY

Application Center ID NO.: ## - ## - ####

JANE SMITH
TRI-PARISH COUNCIL ON AGING
123 SUNSHINE STREET
MARKSVILLE, LA 71329

Dear JANE SMITH:

We appreciate your participation in the Medicaid Program as a Medicaid Application Center. Enclosed you will find your file copy of the recently completed and executed Contractual Agreement and HIPAA Addendum.

As a provision of participating in the Application Center Program, you are required to notify us in writing within **ten (10)** days of receiving this letter if any of the information is incorrect. This requirement also applies to any future changes which may occur relative to your Application Center or Application Center Representatives:

Attn: Application Center Program
DEPARTMENT OF HEALTH AND HOSPITALS
P.O. Box 91278
Baton Rouge, LA 70821-9278

Application Centers should mail or fax their completed requests for **AC Representative Training** to DHH as soon as they become aware of their need to have someone trained. (Please make a copy of the form which is located in the Administrative Forms Section of the **Application Center Handbook**.) All training requests must be pre-approved by DHH. Application Centers will receive written confirmation when an individual has been scheduled in a class. (The confirmation will arrive via fax or E-mail of the trainee, if provided.)

Please feel free to call me or [name] at (225) 342-xxxx for additional information.

Sincerely,

Name,
Assistant Section Chief